ROCK HAVEN

3418 N	CTY	TRK	HWY	F,	PO	BOX	351	
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JANESVILLE	53547	Phone: (608) 757-5000		Ownership:	County
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Con	junction with I	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/05):	156	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/05):	156	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/31	/05:	149	Average Daily Census:	152

Age, Gender, and Primary Diagnosis	of Residents (12/	31/05)		Length of Stay (12/31/05)	%
Primary Diagnosis	% 	Age Groups 	* 	   Less Than 1 Year   1 - 4 Years	33.6 23.5
Developmental Disabilities	2.0	Under 65	28.9	More Than 4 Years	43.0
Mental Illness (Org./Psy)	32.2	65 - 74	15.4		
Mental Illness (Other)	14.1	75 - 84	27.5		100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	26.2		
Para-, Quadra-, Hemiplegic	1.3	95 & Over	2.0	Full-Time Equivalent	
Cancer	0.7			Nursing Staff per 100 Resid	ents
Fractures	0.0	İ	100.0	(12/31/05)	
Cardiovascular	5.4	65 & Over	71.1		
Cerebrovascular	2.7			RNs	16.3
Diabetes	3.4	Gender	8	LPNs	9.5
Respiratory	6.7			Nursing Assistants,	
Other Medical Conditions	31.5	Male	39.6	Aides, & Orderlies	59.5
		Female	60.4		
	100.0	j			
		j	100.0		

## Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	2		amily Care		1	Managed Care	Į.		
Level of Care	No.	ે	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	13	10.2	144	0	0.0	0	1	10.0	309	0	0.0	0	4	100.0	205	18	12.1
Skilled Care	8	100.0	328	103	81.1	123	0	0.0	0	8	80.0	275	0	0.0	0	0	0.0	0	119	79.9
Intermediate				7	5.5	102	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	4.7
Limited Care				1	0.8	88	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.7
Personal Care							0	0.0	0	1	10.0	171	0	0.0	0	0	0.0	0	1	0.7
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				3	2.4	176	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		127	100.0		0	0.0		10	100.0		0	0.0		4	100.0		149	100.0

ROCK HAVEN

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/05
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	12.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.0	Bathing	0.7		53.0	46.3	149
Other Nursing Homes	0.0	Dressing	4.7		65.8	29.5	149
Acute Care Hospitals	76.5	Transferring	22.1		46.3	31.5	149
Psych. HospMR/DD Facilities	0.7	Toilet Use	10.7		54.4	34.9	149
Rehabilitation Hospitals	2.6	Eating	14.8		63.1	22.1	149
Other Locations	2.6	*******	******	*****	******	******	*****
Total Number of Admissions	153	Continence		%	Special Treatmen	ts	8
Percent Discharges To:		Indwelling Or Extern	nal Catheter	10.1	Receiving Resp	iratory Care	8.1
Private Home/No Home Health	29.9	Occ/Freq. Incontiner	nt of Bladder	53.0	Receiving Trac	heostomy Care	2.7
Private Home/With Home Health	1.9	Occ/Freq. Incontiner	nt of Bowel	42.3	Receiving Suct	ioning	0.0
Other Nursing Homes	0.6	İ			Receiving Osto	my Care	11.4
Acute Care Hospitals	14.6	Mobility			Receiving Tube	Feeding	8.1
Psych. HospMR/DD Facilities	1.9	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	39.6
Rehabilitation Hospitals	0.0	<u> </u>					
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	39.5	With Pressure Sores		10.1	Have Advance D	irectives	59.7
Total Number of Discharges		With Rashes		14.1	Medications		
(Including Deaths)	157	İ			Receiving Psyc	hoactive Drugs	70.5

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

***************	*****	*****	*****	*****	*****	*****	*****	*****	*****
	Ownership:			Bed	Size:	Lic	ensure:		
	This	This Government			-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	용	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occurrence Pates Assessed Pails General/Timered Pada	07.4	01 0	1 06	0.0 1	1 00	0.0	1 10	0.0 1	1 11
Occupancy Rate: Average Daily Census/Licensed Beds	97.4	91.9	1.06	90.1	1.08	88.8	1.10	88.1	1.11
Current Residents from In-County	99.3	84.8	1.17	84.9	1.17	83.2	1.19	77.6	1.28
Admissions from In-County, Still Residing	32.0	27.4	1.17	18.1	1.77	18.7	1.71	18.1	1.77
Admissions/Average Daily Census	100.7	87.7	1.15	188.0	0.54	177.7	0.57	162.3	0.62
Discharges/Average Daily Census	103.3	91.8	1.13	191.1	0.54	179.2	0.58	165.1	0.63
Discharges To Private Residence/Average Daily Census	32.9	36.0	0.91	87.1	0.38	83.4	0.39	74.8	0.44
Residents Receiving Skilled Care	91.9	91.9	1.00	96.6	0.95	96.3	0.95	92.1	1.00
Residents Aged 65 and Older	71.1	83.3	0.85	90.0	0.79	91.3	0.78	88.4	0.80
Title 19 (Medicaid) Funded Residents	85.2	72.9	1.17	62.3	1.37	61.8	1.38	65.3	1.31
Private Pay Funded Residents	6.7	18.0	0.37	20.8	0.32	22.5	0.30	20.2	0.33
Developmentally Disabled Residents	2.0	2.7	0.75	0.9	2.13	1.1	1.83	5.0	0.40
Mentally Ill Residents	46.3	53.7	0.86	34.5	1.34	34.8	1.33	32.9	1.41
General Medical Service Residents	31.5	17.9	1.77	22.0	1.43	23.0	1.37	22.8	1.39
Impaired ADL (Mean)	61.3	48.8	1.26	48.8	1.26	48.4	1.27	49.2	1.25
Psychological Problems	70.5	63.4	1.11	59.9	1.18	59.5	1.18	58.5	1.21
Nursing Care Required (Mean)	11.7	8.0	1.48	7.3	1.62	7.2	1.63	7.4	1.58